

STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
July 31, 2006

MEMBERS: Kitty Gallagher, Lyn Parker Haas, David Mitchell, and Clare Munat

DMH STAFF: Bill McMains, Melinda Murtaugh, Terry Rowe, Tom Simpatico, and Beth Tanzman

OTHERS: Richard Allin, Linda Corey, Anne Donahue, Zachary Hughes, Michael Sabourin, Sandy Snyder, and Deborah Volt

Facilitation

Clare Munat facilitated today's meeting.

**Preliminary Report on Program Review Site Visit to
Northwest Counseling and Support Services (NCSS): Clare Munat**

Clare represented the Standing Committee on the site visit to NCSS last week. The agency has recently disenrolled one hundred people from the Community Rehabilitation and Treatment (CRT) program in order to concentrate on clients with greater needs. The step was a radical one, Clare said, but successful. Linda Corey added that St. Albans has strong peer support.

Futures Public Hearing

A public hearing on the Vermont State Hospital (VSH) Futures Project will be held this coming Thursday, August 3. It will be in the Pavilion Office Building in Montpelier from 4:00 until 6:00 p.m.

Updates on Peer Activities: Linda Corey

The grant that Vermont Psychiatric Survivors (VPS) has for recovery education series ends in 2007, Linda said, and the organization is looking for another one from the Substance Abuse and Mental Health Services Administration (SAMHSA). Eight of Vermont's ten designated agencies have ongoing recovery programs. Linda wants to build on this model and continue VPS's role in supplying materials—for example, WRAP (Wellness Recovery Action Plan) books, posters, and the like for the recovery curriculum.

Recovery programs at hospitals around the state are going really well, Linda said. Those programs include the one at the State Hospital, a new one at the Brattleboro Retreat, and yet another one at the Windham Center for inpatients, outpatients, and people in the community. The Veterans' Administration Hospital in White River Junction has a group going, as do the Waterbury and Windsor correctional facilities for women.

Safe Haven in Randolph is doing very well; the six beds are full. Safe Haven is a collaboration of the Clara Martin Center, the National Alliance for Mental Illness of Vermont (NAMI—VT), and VPS. Probably one-third to two-thirds of the clients are there immediately after inpatient hospitalization at VSH or some other designated hospital in the state.

The camp that Kitty Gallagher organized at Elfin Lake in Wallingford in June went extremely well, Linda told Standing Committee members. One day was “Recovery Day”; everyone told their recovery stories. Bands played every night. About ninety people stayed at some time during the week, and five state officials paid visits over a period of a couple of days. Kitty said that she sees a gap between what the state sees and assumes, and what consumers see and assume. She would like to close the gap between the two groups. Clare added that other agencies in the state are interested in organizing a similar experience next year. Linda Corey said that grant money for a similar event will be available from VPS next year too. Beth complimented Kitty, Linda, and Dave Belden on the quiet leadership that they exercised during this camp week. Linda added that between 30 and 35 percent of the campers had been in VSH, some recently.

Futures Update: Beth Tanzman

Both the Joint Legislative Mental Health Oversight Committee and the Joint Fiscal Committee have approved the Futures Plan, Beth said. The plan encompasses not only a new inpatient facility but also new community capacities such as residential recovery, secure residential treatment, and additional crisis beds, with a care-management system to knit the various levels of care together. Additional capacities, when funding becomes available, include peer programming, transportation, supportive housing, and expansion of integrated services for co-occurring disorders to Rutland and Barre. Throughout, DMH is still supporting the current VSH and staff.

The legislature is approving new funding for these services according to a five-year financing plan. The plan is comprehensive, also generous, and enjoys the strong support of the legislature, Beth said.

On implementation, Beth observed that some people feel that multiple layers of review and discussion are of utmost importance, while others say let’s just get it done. The Williamstown work group has been meeting about every three weeks. The budget is more than that for any residential program yet done in Vermont, and yet it is less costly than the State Hospital. For every two residents, there is one staff position. A nurse is on the premises at all times. If approved, the program could start later this fall.

Three designated agencies are participating in the management and operation of the Williamstown recovery residence: Washington County Mental Health Services, which has been in the day-to-day lead, the Clara Martin Center, and the Howard Center for Human Services. The program will employ close to forty-five people. The town of Williamstown is happy to have a new \$1.5 million annual payroll in the vicinity.

Another very active working group is looking at where to put additional crisis beds. Families are still largely missing from Futures Planning, Beth said; the advisory committee has only one family member, and there are none on the various work groups.

Lyn Haas asked where, exactly, the Futures Project is now as far as implementation is concerned. Beth answered that the most important thing at present is to get Williamstown up and running and then replicate it elsewhere. On crisis beds, the need is to get peers on the work group to help with design. For the new inpatient facility, Phase I of the regulatory process should be completed in August.

Update on Conditional Voluntary Issues: Bill McMains

The requirement for four-day notice to be discharged if one is hospitalized on conditional voluntary status is in Vermont statutes, Bill said, but the requirement is inconsistently implemented at designated hospitals across the state. Both truly voluntary and conditional voluntary should be available. Truly voluntary is the preferred admission status; conditional voluntary is for three situations, Bill explained, when a patient:

- ∞ meets the criteria for an emergency psychiatric examination,
- ∞ exhibits highly impulsive behavior that leads to serious consequences, or
- ∞ asks to be on conditional voluntary status

The Vermont Hospital Association is working on a position statement to which all hospitals can agree, Bill said. Once DMH has a final version from the Hospital Association, the statement will be put before this Standing Committee for public comment.

Anne Donahue told Standing Committee members about a meeting two weeks ago of the Fletcher Allen Health Care Quality Work Group. The consensus at that meeting, as Anne explained it, was that DMH's statement is unworkable and unacceptable.

Department of Justice (DOJ) Report

Melinda Murtaugh will send links to the Web site for the DOJ Report to members of this committee. When members get the report, Clare said, then they can e-mail each other to generate questions.

VSH Updates: Terry Rowe

Terry distributed a description of the steps followed in policy development for VSH. (See attachment to these notes.) The process is lengthy, with opportunities for public comment. Meetings of the Policy Committee are open meetings. Training is scheduled for VSH staff to be able to post policies on the VSH Web site. On Step 4), Lyn suggested, add information about the result of the vote to modify, advance, or reject a proposed policy. Terry will send electronic copies of proposed policies to Melinda, who will then forward them to Standing Committee members, with hard copies going to those who need them.

Other suggestions from Anne Donahue: On Step 2), indicate whether a posting is initial or under review. Under Step 5), if someone makes a specific request to see a policy, it should be granted right away and not have to go through the process for requests for public information. Terry said that requests for electronic or hard copies may be made through her administrative assistant. Interim policies should be posted on the Health Department's Web site. A question arose as to

how long an interim policy can be in effect before going through the policy process. Linda asked if there were a plan to make policies available to people with hearing and/or sight impairments.

Format for Standing Committee's Annual Report for the Vermont State Hospital Governing Body

Terry distributed an initial draft for the annual report. The Governing Body's next meeting will be on August 23; part of the discussion then will be the role of the Governing Body.

The VSH Emergency Involuntary Procedures Reduction Program (EIPRP): Tom Simpatico

Tom discussed this topic at Clare's request. VSH staff and representatives of the Vermont Psychiatric Association as well as VPS hold monthly meetings about reducing emergency involuntary procedures. Vermont is an outlier in that most states do not use their state hospitals for the most acutely ill patients in their system. At VSH, the overall trend in the use of emergency involuntary procedures is in the right direction. The graph on page 3 of Tom's handout shows a significant upward movement in utilization from September through December 2005, but that was a function of one individual during that period of time, he explained.

Clare asked Tom if he is satisfied with the progress toward less utilization of involuntary procedures at VSH. Tom replied that the State Hospital is going in the right direction, but satisfied? He asked. No, of course not. But, in the current context, he is heartened to have more data available to aid in understanding what is going on. He would very much like to see the time from admission to medication shortened (the median time currently is eighty-six days). Lyn asked if more data are available in regard to time of day, staff, and other considerations. Yes, Tom answered, but it is not possible to manipulate the data easily yet.

Public Comment

Anne reminded Standing Committee members of the seclusion-and-restraint training that some of the VSH staff as well as the DMH central office had two or three years ago. There has been a long-standing problem with the lack of a written plan to eliminate seclusion and restraint, she went on. In addition, she noted a change in the definition of what is least restrictive from an individual's own definition to a professional's evaluation.

Anne is still concerned over governance and the role of the Governing Body. She recommended that the Standing Committee take the opportunity to discuss and provide input on the public-policy aspects of the Governing Body.

Richard Allin remembered that when he was in VSH, the only time there was violence was when patients were not on medications. When they are taking their meds, things are OK, he said. Medication is the solution.

Process for Selecting a Successor to Paul Blake

Paul Blake recently announced his decision to retire as Deputy Commissioner of Health for Mental Health Services, effective this September 1. Clare offered to write a letter expressing the consensus of the Adult Standing Committee that one of its members participate in the selection process.

Agenda Topics for the Meeting on September 11

- ∞ VSH Governing Body's Role
- ∞ Futures Project
- ∞ Settlement Agreement with the Department of Justice
- ∞ Format for the Annual Report on VSH
- ∞ Re-designation of Washington County Mental Health Services
- ∞ Report on Recovery
- ∞ Report from Membership Subcommittee
- ∞ Focus Group Report